

**Outpatient Clinic Evaluation Form**

Evaluator:\_\_\_\_\_ Date:\_\_\_\_\_

Resident:\_\_\_\_\_ Clinic:\_\_\_\_\_

**CLINIC SUMMARY**

*Case Description*

*Specific Feedback*

1.\_\_\_\_\_

☐ Direct Observation \_\_\_\_\_

2.\_\_\_\_\_

☐ Direct Observation \_\_\_\_\_

3.\_\_\_\_\_

☐ Direct Observation \_\_\_\_\_

4.\_\_\_\_\_

☐ Direct Observation \_\_\_\_\_

5.\_\_\_\_\_

☐ Direct Observation \_\_\_\_\_

**Strengths:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Areas for improvement:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Independent study topics:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

**Resident:** \_\_\_\_\_